

**YH26-0001 EXHIBIT C - Transplant Outlier Payment Calculation**

**Transplant Outlier Payment Calculation (all case types)**

Date  
 Facility Name & AHCCCS Provider ID#  
 Health Plan/Contractor ID #  
 Member Name & AHCCCS ID #

Gray cells = input necessary

Total Stage Billed Charges for Case	Billed Charges Total (Including Denied/Non-Payable)
	<b>Include all Denied/Non-Payable Charges in Stage Totals</b>
Unrelated Donor Search	
Donor Related Search	
Donor Related Harvest	
Cord Blood Procurement	
Prep & Transplant	
Convalescent 1-30	
Convalescent 31-60	
Total Billed Charges:	-

**Outlier Stage Calculation of Billing Components**

	<u>Calculation</u>
1. Total Billed Charges <i>(Note the worksheet will autofill this cell)</i>	-
2. Less: Cord Blood Procurement (Includes *NMDP Charges) <i>Note the worksheet will autofill this cell</i>	-
3. Less: Denied Charges (Excluding OPFS non-payable Charges) <i>Enter as a positive number worksheet will subtract</i>	
4. Less: Outlier Threshold Amount (refer to specific rate sheet)	
5. Charges above Outlier Threshold	-
6. Multiply the charges above threshold at 50% or Hospital Specific CCR <i>(Refer to specific rate sheet and adjust the formula)</i>	-
<i>The result is the amount the facility bills AHCCCS or the Contracted Health Plan for the Transplant Outlier Payment</i>	

\* National Marrow Donor Program